

This Page Is Inserted by IFW Operations
and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

**As rescanning documents *will not* correct images,
please do not report the images to the
Image Problem Mailbox.**



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/723,184
Filing Date	11/26/2003
First Named Inventor	SHINOZAKI
Art Unit	
Examiner Name	
Attorney Docket Number	0072-TS45

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Declaration, Power of Attorney and Power to Inspect
<div>Remarks</div> <p>Confirmation No. 5717</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Vincent T. Pace Dann, Dorfman, Herrell and Skillman, P.C.
Signature	<i>Vincent T. Pace</i>
Date	03/25/2004

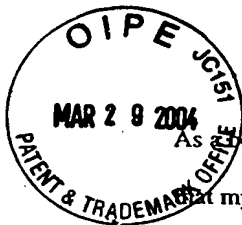
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Frances L. McMenamin		
Signature	<i>Frances L. McMenamin</i>	Date	03/25/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

TS-45

As below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I believe I am the original, first and sole inventor (if only one name is listed below) or an original and first inventor (if plural inventors are named below) of the subject matter of this application which is entitled: **RECLINER****MEANS AND VEHICLE SEAT PROVIDED WITH THE RECLINER MEANS**

the specification of which [check one(s) applicable]

___ was filed _____ as PCT-International/U.S. Application No. _____
___ and was amended by Amendment filed _____ (if applicable); [or];
___ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by an amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

CLAIM UNDER 35 U.S.C. §119: I hereby claim foreign priority benefits under 35 USC §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed:

<u>Prior Foreign Application(s)</u>		<u>Filing Date</u>	<u>Priority Claimed</u>
<u>Application No.</u>	<u>Country</u>	<u>Day-Mo-Year</u>	<u>Yes - No</u>
2002-343646	Japan	27-11-2002	Yes

POWER OF ATTORNEY: As inventor, I hereby appoint the practitioners associated with Customer No. 000110 as my attorneys or agent with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Vincent T. Pace, Reg. No. 31,049, Patrick J. Hagan, Reg. No. 27,643, and Henry H. Skillman, Reg. No. 17,352

POWER TO INSPECT: I hereby give DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110

DIRECT INQUIRIES TO: Vincent T. Pace Tel.: 215-563-4100/Fax: 215-563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

Full Name KATSUHIKO SHINOZAKI
First Middle Last

Signature Katsuhiko Shinozaki

Date December 8, 2003

Residence Tochigi JAPAN
City State or Country

Citizenship JAPAN

Post Office Address:

c/o Technical Center, TS TECH Co., Ltd, 118-1 Oaza Ota

Takanezawa-machi, Shioya-gun, Tochigi-ken, JAPAN
City State or Country

SECOND JOINT INVENTOR (if any)

Full Name _____
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address:

_____ City State or Country